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Brixworth Rural District Council



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

Year 1951



H. A. HAMILTON SUMMERS, M.B., B.Ch., B.A.O., D.P.H.

Brixworth Rural District Council



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**To the Chairman and Councillors
of the Rural District of Brixworth.**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the health and sanitary circumstances of the rural district for the year 1951.

As your recently appointed Medical Officer of Health, I would like to pay tribute to my immediate predecessor, Dr. W. H. P. Minto, who resigned in May 1952, for the work he has done in the compilation of this Report.

The health of the people in the district, as far as can be judged by vital statistics, has remained satisfactory. The standardised birth rate of 17.23 per thousand compares favourably with the rate for the country, and is above the pre-war rates. The crude death rate of 10.72 per thousand is satisfactory, but the rate may well rise as the proportion of old people in the district increases. From the table on page 8 it will be seen that the four main causes of death are again Heart Disease, Cancer, Intra Cranial Lesions, that is Cerebral Haemorrhage, and Bronchitis, all diseases which, in the most part, affect persons in their later decades of life.

To come now to infectious diseases. Measles was prevalent with 186 cases being reported. Whooping Cough followed with 78 cases, and Scarlet Fever with 30. There were 4 cases of Poliomyelitis. As a rule the infectious diseases were of a mild type. An outbreak of Food poisoning (39 cases in 1951) is fully reported in Section F.

One can justifiably conclude then that the health of the district for 1951 was satisfactory.

As regards sanitary circumstances, progress was maintained and details are given in the report (Section C).

In the field of housing, the Council has continued with their post-war programme. 80 houses were completed during the year, making a total of 362 since the beginning of the programme and a further 64 were started. The Council has started a campaign of slum clearance and re-housing (details are given in the report—Section D) and it is hoped that concurrently, steps will be taken to secure the improvement of property which can be made fit.

Thanks are due to the Surveyor and Senior Sanitary Inspector, the Assistant Sanitary Inspector and the clerical staff of the Department for their valued assistance throughout the year and for the work they have put into the preparation of this report.

Appreciation is also expressed for help and encouragement received from the Council and in particular from the Chairmen and Members of the Public Health and Housing Committees during the year.

I have the honour to be,

Your obedient Servant,

H. A. HAMILTON SUMMERS,

Medical Officer of Health.

SEPTEMBER, 1952.

SUMMARY OF VITAL STATISTICS

Area (in acres)	...	...	...	...	82,944
Population	...	...	...	...	17,730
Number of Separate Dwellings occupied	...		...	...	5,330
Rateable Value 1951 (April)	...	...	...	...	£95,370
Product of a Penny Rate	...	...	...	...	£370 13 0

Live Births	Total	Male	Female	Rate per 1000
				estimated population
Legitimate	...	279	135	144
Illegitimate	...	12	7	5
		291	142	149

Still Births	Total	Male	Female	Rate per 1000
				estimated population
	8	6	2	0.45
Deaths (all causes)...	191	93	98	10.72

Deaths from Puerperal Causes

Puerperal and post abortive				
sepsis	...	...	...	Nil
Other Puerperal causes	...		Nil	

Rate

Infant Mortality—Deaths under 1 year per 1,000 live births—31

		Male	Female	Total
Deaths from Cancer (all ages)	...	13	11	24
„ „ Measles (all ages)	...	—	—	Nil
„ „ Whooping Cough (all ages)	—	—	—	Nil
„ „ Diarrhoea (under 2 years)	—	—	—	Nil

Brixworth Rural District Council

Members of the Public Health Committee

MR. W. WOOD (<i>Chairman</i>)	MR. E. A. TURNERY
MR. C. M. NEWTON	MR. O. E. P. WYATT
(<i>Vice-Chairman of the Council</i>)	(<i>Chairman of the Council</i>)
MRS. V. G. BORWICK	MR. N. HEEPS
MRS. E. M. BARLOW (elected August, 1951)	(<i>Deputy-Chairman</i>)
MRS. ST. JOHN MILDMAY (resigned June, 1951)	MR. A. S. TARRANT
MR. H. KIMBELL	MR. W. A. HOLLAND
MR. C. H. GRAVELEY	MR. E. T. GARDNER
HON. MRS. MACDONALD- BUCHANAN	CANON J. HOTINE
MR. A. E. CURTIS	MR. C. G. CARRUTHERS
	MR. L. CAVE
	MR. C. L. FRASER
	MR. J. R. HART

Public Health Officers of the Local Authority

Medical Officer of Health :

H. A. HAMILTON SUMMERS, M.B., B.C.H., B.A.O., D.P.H.,
also holds appointments of
Medical Officer of Health, Daventry Rural District Council,
Daventry Borough Council,
and
Assistant County Medical Officer of Health

Senior Sanitary Inspector :

F. A. RUSSELL, F.F.S., M.S.I.A.

Assistant Sanitary Inspector :

R. S. LINLEY

SECTION A.

NATURAL AND SOCIAL CONDITIONS

Area—(in acres) 82,944. The district is almost entirely rural in character, with agricultural and dairy farming as the main industries. In addition open-cast workings for ironstone are to be found in the vicinity of Brixworth and Pitsford.

Population. The Registrar General has estimated the population for the mid-year 1951 to be 17,730, an increase of 490 in the population for the previous year. The natural increase in population the excess of births over deaths, was 100.

Deaths. The total number of deaths assigned to the district for the year was 191 compared with 201 in 1950. The crude death rate based on the mid-year population was 10.72 compared with 11.66 in the previous year. The following table has been compiled for comparison with previous years :—

Years	Total	Male	Female	Recorded Rate
1945	187	87	100	12.04
1946	203	96	107	13.01
1947	211	110	101	13.46
1948	212	108	104	11.76
1949	203	99	104	11.82
1950	201	100	101	11.66
1951	191	93	98	10.72

In order to compare the mortality in the District with the mortality for England and Wales it is necessary to make a correction, to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.85 for this District.

The Standardised Death Rate, therefore, is 8.16 which compares favourably with that of 12.5 for England and Wales.

Mortality Table

Classified in accordance with 36 headings based on the Abbreviated List of the International Statistical Classifications of Diseases, Injuries and Causes of Death, 1948.

<i>Causes of Death</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1. Tuberculosis, respiratory	—	1	1
2. Tuberculosis, other	—	—	—
3. Syphilitic disease	—	—	—
4. Diphtheria.....	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal infections	—	—	—
7. Acute Poliomyelitis.....	—	—	—
8. Measles	—	—	—
9. Other infective and parasitic diseases	—	—	—
10. Malignant neoplasm, stomach	1	3	4
11. Malignant neoplasm, lung, bronchus	2	—	2
12. Malignant neoplasm, breast	—	3	3
13. Malignant neoplasm, uterus	—	1	1
14. Other malignant and Lymphatic neoplasms	10	4	14
15. Leukaemia, aleukaemia	—	—	—
16. Diabetes	1	—	1
17. Vascular lesions of nervous system	17	13	30
18. Coronary disease, angina	10	5	15
19. Hypertension with heart disease	1	—	1
20. Other heart disease	21	36	57
21. Other circulatory disease	5	7	12
22. Influenza	—	2	2
23. Pneumonia	1	2	3
24. Bronchitis	10	6	16
25. Other diseases of respiratory system	—	—	—
26. Ulcer of stomach and duodenum	—	1	1
27. Gastritis, enteritis and diarrhoea	1	1	2
28. Nephritis and nephrosis.....	—	—	—
29. Hyperplasia of prostate	1	—	1
30. Pregnancy, childbirth, abortion	—	1	1
31. Congenital malformations	1	2	3
32. Other defined and ill-defined diseases	9	7	16
33. Motor vehicle accidents	1	—	1
34. All other accidents	1	2	3
35. Suicide	—	1	1
36. Homicide and operations of war.....	—	—	—
	93	98	191
Still births	6	2	8
Deaths of infants under 1 year of age ...	5	4	9
Deaths of infants under 4 weeks of age	4	2	6

Births. The number of live births assigned to this district was 291 compared with 265 in 1950. The rate per thousand of the population was 16.41. Applying the Registrar General's Area Comparability Factor for births (1.05) to this figure the Standardised Birth Rate of 17.23 for this district compares very favourably with 15.5 for England and Wales.

Still Births. The number of still births during 1951 was eight (6 males and 2 females). The rates for the past five years are given in the following table (per 1,000 live and still births) :—

Still Birth Rate.

	1947	1948	1949	1950	1951
Brixworth	11.69	41.9	11.45	15.09	27.49

Illegitimate Births. There were 12 illegitimate births assigned to the district during the year (7 males and 5 females), compared with 15 in 1950. Shown as a proportion of the total number of live births this represents 4.12 per cent.

Maternal Mortality. One case of death associated with pregnancy occurred during the year.

Infant Mortality. The number of infants who died before reaching their first birthday was nine (5 male and 4 female). One female was illegitimate.

Deaths under 1 year per 1,000 live births.

	1946	1947	1948	1949	1950	1951
Brixworth	31	30	44	31	19	27

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES

Laboratory Service. Laboratory work in connection with the diagnosis and control of Infectious Diseases is carried out at the Emergency Public Health Laboratory in Northampton under Dr. Hoyle. A tribute is due to Dr. Hoyle for the excellent manner in which he and his staff dealt with a very large number of specimens during the widespread outbreak of Food poisoning ; full details of which are recorded in Section F of this report.

Infant Welfare Centres. The following Centres are held at the places and dates indicated. (During the year, an additional Infant Welfare Centre was opened at Spratton). Your Medical Officer of Health is in attendance in his capacity as Assistant County Medical Officer.

BRIXWORTH INFANT WELFARE—

3rd Friday each month at Village Hall.

WELFORD INFANT WELFARE—

4th Thursday each month at Village Hall.

BOUGHTON INFANT WELFARE—

2nd Wednesday each month at Boughton Institute.

MOULTON INFANT WELFARE—

1st Tuesday each month at Manfield Hall.

SPRATTON INFANT WELFARE—

4th Tuesday each month at Women's Institute.

Ambulance Services. General medical and surgical cases are removed by the St. John Ambulance Brigade from Northampton, the Brigade acting as agents of the County Council under the arrangements made under Section 27 of the National Health Service Act, 1946. Infectious disease cases are also removed by the St. John Ambulance Brigade under the same arrangements.

Nursing in the Home. The County Council became responsible for these duties as from 5th July, 1948.

Isolation Hospital. Cases of Infectious Disease which require Isolation are treated at the Harborough Road Isolation Hospital, Northampton, which comes under the administration of the Oxford Regional Hospital Board.

SECTION C.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supplies.

The Council's functions as water undertakers were transferred on 1st July, 1949 to the Mid-Northamptonshire Water Board, whose area of supply includes the whole of the Brixworth Rural District. The Council continued to act under delegated powers as Agents for the Board as far as day to day maintenance was concerned until 30th September, 1950, when the Board took over complete control of supplies and installations.

In the Annual Report for 1950 the following comment was made :—

“ Although, as a result of the transfer of functions to the Water Board, the question of liability for the maintenance of the considerable number of Public Wells in the District has been under consideration during the year, agreement has not yet been reached. It should be stressed that the proper maintenance of these wells, and their closure as they become redundant, is a matter of importance to the health of the community and it is therefore hoped that the question of liability will be decided as expeditiously as is possible.”

It is with regret that I have to report that at the end of 1951 this question of liability remains undecided.

Sewerage and Sewage Disposal.

As the water supply schemes are completed the urgency for new schemes of sewerage and sewage disposal becomes more and more apparent. In view of the unsatisfactory condition of many of the existing sewage outfalls, the Council has approved new schemes for most parishes and these will be proceeded with as speedily as possible.

The sewerage scheme for the Kettering Road, Moulton, and the parish of Overstone was commenced in November, 1950 and work continued during the year.

A start was made during the year on the schemes for the parishes of East Haddon, Naseby, Walgrave and Welford, and the schemes for the parishes of Hannington, Holcot, Scaldwell and Old are due to start in January 1952.

Schemes of sewerage and sewage disposal were approved by the Minister of Health last year for the parishes of Great Oxendon, Clipston and Sibbertoft.

During the year, an Inquiry was held on the proposed schemes for Boughton Village, Moulton Village, Church and Chapel Brampton, Boughton (Welford Road), Harlestone, Maidwell and Draughton and these schemes have been approved by the Minister.

The Council has also approved schemes for Lamport, Hanging Houghton, Spratton and Ravensthorpe.

Disinfection. Concurrent and terminal disinfection by means of gaseous and liquid disinfectants is carried out in homes where certain infectious diseases are notified. In the course of the year, a number of requests for disinfection of premises were received and dealt with.

Disinfestation. Disinfestation of premises was carried out following complaints by owners or tenants of the presence of verminous conditions.

Eradication of Bed Bugs. No cases of infestation by bed bugs received treatment during the year.

Prevention of Damage by Pests Act, 1949. Consideration was given by the Council to the appointment of a full time rodent operator and the provision of the necessary transport in order to discharge the functions conferred on the local authority by this Act. Existing arrangements appeared adequate for discharging the Council's duties under the Act but as existing contracts with the Northamptonshire Agricultural Executive Committee were terminated the question would be reviewed. The A.E.C. terminated their contracts early in September, 1950, and it was decided

that existing staff could adequately discharge the Council's responsibilities under the Act. This arrangement continued to work adequately in 1951 and there were no major rat infestations on the Council's properties at the end of the year.

Moveable Dwellings. No licences were granted by the Council under the Public Health Act, 1936, Sec. 269.

Public Cleansing. Collection of household refuse is carried out fortnightly, by direct labour, throughout the District.

National Assistance Act, 1948. No certificate under Section 47 of this Act was submitted to the Council by the Medical Officer of Health.

In November, the Medical Officer of Health was authorised by the Council to take immediate action to obtain removal orders under Section 47 of the National Assistance Act, 1948, as amended by the National Assistance (Amendment) Act, 1951.

The type of case involved in such action comprises persons suffering from grave chronic diseases or, being aged, infirm, or physically incapacitated, are living in insanitary conditions and unable to devote to themselves or obtain proper care and attention.

As a result of the decision of the Council it should be possible in future to expedite the removal of any such case to a place of safety.

SECTION D.

HOUSING.

In 1947 a survey of all Working Class Houses in the District was completed under the terms of the Hobhouse Report. In that survey, of a total of 3,444 houses inspected, 745 houses were placed in Category V (Houses which were unfit for human habitation and beyond repair at reasonable cost), and 976 houses in Categories III and IV (Houses requiring repair, structural alteration or improvement).

A large number of these houses are still occupied and, although, in some cases, works have been carried out, other properties must have slipped into the lowest category.

In 1950, the Council resolved that houses should not be let to any more tenants from this class of property unless other circumstances, e.g., overcrowding by two or more families, justified such a course. Instead, occupants of Category V houses would be rehoused under Slum Clearance procedure so that such houses could not be re-occupied unless they had been made in all respects fit for habitation.

From a review of the outstanding list of applications for houses it appeared that in the parishes where houses were being built in the 1950 Housing Programme, the most urgent general needs were being largely satisfied and a modified programme of Slum Clearance was commenced in those parishes where the number of applicants having real immediate need of accommodation was insufficient to fill all the houses under construction. It was found in practice, as had been anticipated, that this attempt to rehouse (from Category V property) into new three-bedroomed houses already in the course of construction, gave rise to a certain number of difficulties due to the time factor, the varying size of family, and the economic standing of the tenants. As a result, it was found impracticable, at this stage, to deal with potential Clearance areas under Section 25 of the Housing Act, but instead Section 11 was employed and undertakings not to relet were obtained in the majority of cases. It soon became obvious that while this action might be satisfactory from the point of view of the individual family rehoused it was most unsatisfactory as a long term Housing policy.

In the 1951 Housing Programme, a proportion of new houses were allocated for general need and a proportion for Slum Clearance, the proportion varying from Parish to Parish. In this way, it was possible to build in the selected parishes, houses of suitable size for the families who were to be displaced by Slum Clearance.

The result of this planned programme was much more satisfactory. It should be pointed out, however, that individual unfit houses should on no account be re-occupied unless they have been made in all respects fit for human habitation. The operative word here is "ALL" for it is far better to leave a Category V house in its existing uninhabitable condition than to accept proposals which would just patch it up for a year or so, giving the house that coveted official stamp of "a fit house." It should hardly be necessary to add that once the proposals have been accepted, the local authority must ensure that the agreed work is completely carried out.

In planning the next year's Housing Programme, it is again proposed to allocate a proportion of new houses for general need and a proportion for Slum Clearance. In this way, it is hoped to make the best use of the number of new houses allocated to the District.

Re-Survey of Category V Houses.

In the light of the experience outlined above, it was decided to undertake a further survey of the properties classified as Category V in the original survey.

A number of factors should be taken into consideration in reviewing the present position and its relation to future stages of the Council's housing programme. They are:—

1. In some of these properties, repairs of varying extent, in some cases involving "unreasonable cost" have been carried out since the original survey.
2. Some properties have deteriorated very considerably since the survey was made.
3. A large number of the properties are owner-occupied by elderly people who have no desire to move and who could not well afford the high rent of a new council house if they were moved.
4. Some of the worst properties are in blocks where the adjoining houses are owner-occupied, and these latter houses are in consequence in a much better state of repair.
5. The present housing shortage.

The object of this re-survey is to obtain further detailed information for use in a planned Slum Clearance programme, and all the Category V houses will be further sub-divided into the following classes:—

- A. Properties already the subject of demolition and ~~for~~ clearance orders.
- B. Properties that are owner-occupied by elderly people.
- C. Properties occupied by elderly people.
- D. Those houses where it is considered there is no alternative to demolition.
- E. Those properties where repairs have been carried out since the original survey.
- F. Properties that are suitable for reconditioning, even though not at reasonable expense.

While statutory action must be taken in respect of unfit houses—particularly those properties where the tenants have an immediate need of new accommodation—it has to be admitted that there are varying degrees of unfitness and that, if possible, the worst houses should be dealt with first, due regard being paid to the other factors involved.

The properties in Class "A" are to be regarded as first priority.

In most cases falling within "B" or "C," the owners should be asked to give undertakings that these houses will not be used for human habitation when they are vacated by the present occupiers, unless they can be and are made fit. Only the worst of these houses should be made the subject of statutory action except where the owners decline to give the required undertakings. It must be made very clear that there is no suggestion implied that sub-standard houses are suitable for aged persons.

The "D" properties should be dealt with as early as possible, while those properties in "E" and "F" will be dealt with mainly when the ordinary housing needs of the parishes are largely satisfied. The Council might be wise to acquire and recondition some of these "E" and "F" properties if the owners are not prepared to undertake work involving "unreasonable cost," thus providing good homes for old people and small families. It can reasonably be hoped that a large number of these properties can thus be retained for use as housing accommodation.

This survey is continuing.

HOUSING STATISTICS

1. Inspections of Dwelling Houses during the year :—

1.	(a) Number of dwelling houses inspected for defects under Public Health or Housing Acts	726
	(b) Inspections made for the purpose	1458
2.	Number of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation	... ... 76
3.	Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation	... ... 104

2. Remedy of Defects during the year without the service of Formal Notice :—

Number of houses rendered fit in consequence of action by Local Authority or Officers :—

Housing Act	...	...	...	...	Nil
Public Health Act	...	...	...	...	92

3. Action under Statutory Powers during the year :—

A. Proceedings under Sections 9, 10 and 16 Housing Act, 1936 :—

1.	Dwelling houses in respect of which notices were served requiring repairs	...	...	Nil
2.	Dwelling houses rendered fit after service of Formal Notice :—			
	(a) By Owners	...	...	Nil
	(b) By Local Authority in default of owners			Nil

B. Proceedings under Public Health Acts :—

1.	Dwelling houses in respect of which notices were served requiring defects to be remedied	...	Nil
2.	Dwelling houses in which defects were remedied after service of formal notices :—		
	(a) By Owners	...	Nil
	(b) By Local Authority in default of Owners		Nil

<i>C. Proceedings under Sec. 11 and 13 of the Housing Act, 1936 :—</i>	
1. Dwelling Houses represented under Section 11...	30
2. Dwelling Houses, the subject of demolition orders	15
3. Dwelling Houses demolished	2
4. Dwelling Houses rendered fit by owner ...	Nil
5. Dwelling Houses where undertakings not to relet at end of present tenancy were accepted from the owner	11
<i>D. Proceedings under Sections 25 and 26 of Housing Act, 1936 :—</i>	
1. Number of houses dealt with under Section 25...	20
2. Number of Clearance Orders made under Section 26	6
3. Number of families living in Clearance Areas ...	18

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

Milk. As a result of the transfer in 1949 of the control of milk production on the farm to the Ministry of Agriculture and Fisheries and the placing of the licensing and supervision of pasteurising plants in the hands of the County Council, the District Council retains only the duty of controlling the distribution and sale of milk.

Regulation 20 of the Milk and Dairies Regulations, 1949. During the year, action was taken under Regulation 20 in respect of one producer in the district.

Notice in pursuance of Regulation 20 was given on 10th September, following consultation with the Divisional Veterinary Officer, and was withdrawn, after further consultation on 5th November.

The reason for this action was that a sample of milk was found on examination to be infected with tubercle bacilli.

With the assistance of the Area Milk Officer, arrangements were made for the milk, during this period, to be satisfactorily treated before sale.

Compensation was claimed and duly paid, application being made to the Ministry of Health for grant.

Food Premises. Food premises were inspected at frequent intervals throughout the year.

Food and Drugs Act, 1938—Section 15.

After consideration of the Model Byelaws issued by the Ministry of Food, the Council decided to make such Byelaws as to the Handling, Wrapping and Delivery of Food and Sale of Food in the Open Air. These Byelaws, having been approved by the Minister of Food came into operation on 10th July, 1950.

After consideration of a recommendation from the Ministry of Food which referred to dogs in Food Shops, Restaurants, etc., the Council has issued a notice, for exhibition, to all persons engaged in the food trade. This notice requests the public not to bring dogs into any premises in which food is sold.

Clean Food Guild.

It is felt that in a Rural District, the formation of such an association as a Clean Food Guild would achieve nothing which could not be obtained by the local authority in the carrying out of its statutory obligations in regard to the hygiene of food premises and food distribution supplemented by the Byelaws referred to above.

With regard to Health Education, experience has shown that this instruction can most conveniently be introduced informally in the course of inspection of village shops.

Meat Inspection.

Owing to the fact that the slaughterhouses are situated in Northampton and Market Harborough and meat is sent out to the various butchers within the District, very little meat is now inspected. From time to time unsound meat is examined as it is reported to the Sanitary Inspector.

Special attention is being paid to the method of delivering meat to the District. In some cases, the vans delivering meat have been found to be unsatisfactory, but, during the year, the general standard of cleanliness has shown some improvement.

SECTION F.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Notification of the following cases of infectious disease was received during the year. Period distribution tables are to be found at the end of the report.

Disease	Male	Female	Total	Rate per 1,000 population	
				Brixworth	England and Wales
Acute Primary					
Pneumonia	5	5	10	0.56	0.99
Measles	99	87	186	10.49	14.07
Scarlet Fever.....	14	16	30	1.69	1.11
Erysipelas	—	1	1	0.06	0.14
Whooping Cough	38	40	78	4.39	3.87
Acute Poliomyelitis (including polioence- phalitis)—					
paralytic	3	—	3	0.17	0.03
non-paralytic.....	—	1	1	0.06	0.02
Dysentery	7	10	17	0.96	—
Food Poisoning	21	18	39	2.20	0.13
Total	187	178	365		

Notification of Infectious Diseases—Transmission of information from Hospital to Medical Officer of Health.

In my report for 1950, I drew attention to the confusion which had existed since the transfer of Hospitals to the Regional Hospital Board under the National Health Service Act, 1946, in regard to this question.

The following procedures, in accordance with Circular H.M.C. 50/21, have now been agreed by the Hospital Authorities.

“ 1. Written notification of admission, altered diagnosis and discharge, will be sent from the Hospital to the district medical officer of health in respect of all cases admitted to Harborough Road Isolation Hospital.

2. In addition to the above a telephone message will be sent by the Hospital to the office of the district medical officer of health on the diagnosis or reasonable suspicion of the following infections :—Smallpox, Cholera, Typhus, Typhoid, including Paratyphoid Fevers, Dysentery, Food Poisoning, Cerebro-Spinal Meningitis (Meningococcal Infections), Acute Poliomyelitis and Encephalitis.”

If, as is assumed, the other hospitals act in accordance with the procedure set out in Ministry of Health Circular 94101/2/69, dated 7th March, 1950 (quoted in my 1950 Annual Report) this should prove to be a very satisfactory arrangement.

Smallpox. No case was notified. However, several outbreaks have occurred recently elsewhere, as a result of persons who were incubating smallpox arriving in this country and with the modern rapid means of travel available, this danger is likely to increase. The danger to an unvaccinated or partly vaccinated population is a very real and alarming one and the vaccination figures for the district in 1951 (set out below) although they do show an improvement, give no cause for complacency.

Vaccination 1951 (Figures supplied by County Medical Officer of Health).

	Under 1	1-4	5-14	15 or over	Total
Primary	91	30	54	21	196
Revaccination	—	3	44	78	125

Maximum publicity must be given to the advisability of parents having their babies vaccinated at about the age of 4 months, when primary vaccination carries the least risk of complications.

Scarlet Fever. Thirty cases were reported during the year, infection being of a mild type in the majority of cases. Terminal disinfection was carried out where required.

Diphtheria. No cases were notified during the year and none has been reported in the district since 1946 when three cases occurred, all of them adults who had not been immunised.

Number of Children immunised during the year 1951.

Total	Under 5 years	5-14 years	Booster doses
214	204	10	85

These tables are based on figures supplied by the County Medical Officer of Health and do not allow for the numbers of children who may be immunised by general practitioners under private arrangements. They do, however, include those immunisations carried out by the Medical Officer at Sulby Camp.

With the coming into force of the National Health Service Act, 1946, responsibility for providing diphtheria immunisation was transferred from the District Authority to the County Council.

Immunisation is carried out at all Infant Welfare Centres in the District, and also at sessions of school medical inspection when required.

Application for immunisation can be made to the County Council Health Visitor or arrangements can be made with general medical practitioners under the National Health Service Act, 1946.

Measles. 186 cases were notified during the year, compared with 124 in 1950. The infection was of a mild type and no deaths occurred.

Whooping Cough. 78 cases were notified compared with 47 in 1950. There were no deaths.

Acute Poliomyelitis. Four cases were notified, none of which (3 paralytic and 1 non-paralytic) proved fatal. None were proved to be associated with inoculation or tonsillectomy.

Food Poisoning. One large outbreak was reported during the year, 39 cases being notified in the last week of December. These cases formed part of a widespread outbreak which occurred during the Christmas holiday period mainly in South Northamptonshire and Buckinghamshire, but with other cases scattered even further afield. These 39 cases, with 9 others notified in the early days of January, 1952, can only be taken as an index of the extent of the outbreak in this district as they presumably show the number of people who were ill enough to summon medical aid.

The causal organism, *Salmonella Minnesota*, was isolated from meat and pork pies, from patients and from convalescent carriers.

The source of the outbreak was suspected to be imported pork and the infection was spread through pies manufactured at a factory situated outside this district.

The illness was mild in the majority of cases in young adults, more severe in the middle aged, and elderly people were quite seriously ill although, fortunately, the outbreak caused no deaths in this district.

Age and Sex distribution Table 48 Cases, December, 1951 and January, 1952).

Age Groups	0-	1-	5-	15-	20-	25-	35-	45-	55-	65 and over	Total
Male Cases	—	—	1	—	2	4	4	12	3	2	28
Female Cases.....	—	—	—	1	1	4	3	6	3	2	20

Severity of Illness.

Mention must be made of Dr. D. A. McCracken, Medical Officer of Health for Towcester Rural District, on account of the effective manner in which he dealt with the source of the infection and also for the way in which he disseminated to neighbouring Medical Officers of Health all the information which is so vital in the control of an outbreak of this type.

Tuberculosis.

	Males		Females	
	Pul.	Non. Pul.	Pul.	Non. Pul.
Cases on Register at 31-12-50.....	23	11	14	6
Number of cases notified during the year	4	4	3	1
No. of cases restored during the year	—	—	—	—
Inward Transfers	2	—	1	—
Cases removed	3	1	2	3
Cases on Register at 31-12-51.....	26	14	16	4

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

VITAL STATISTICS. SUMMARY FOR PREVIOUS YEARS.

Year	Estimated Population	Births		Deaths			
		No.	Crude Rate	Under 1 Year	Rate	No.	Crude Rate
1940	16170	246	15.2	—	40.8	210	12.9
1941	—	—	—	—	—	—	—
1942	16510	290	17.56	—	31.03	195	11.8
1943	—	282	17.47	—	49.64	241	14.93
1944	—	325	20.23	—	39.91	242	15.06
1945	15530	279	17.9	—	53.0	187	12.04
1946	15600	321	20.58	10	31.15	203	13.01
1947	15740	338	21.47	10	29.58	211	13.46
1948	18020	262	14.54	6	22.90	212	11.76
1949	17170	259	15.08	8	31.00	203	11.82
1950	17240	265	15.37	5	19.00	201	11.66
1951	17730	291	16.41	9	30.93	191	10.77

SECTION G.

FACTORIES ACT, 1937.

Prescribed Particulars on the Administration of the Factories Act, 1937, for the Year 1951.

Classified List of Registered Factories as at 31st December, 1951.

	Power	Non-Power
1.—Food manufacture	10	6
2.—Wearing Apparel :—		
(a) Boots and Shoes	2	—
(b) Outfitting	—	1
3.—Carpentry, Joinery and Sawmills	14	5
4.—Garages, Repair Shops and Engineers	11	5
5.—Laundries	3	—
6.—Monumental Masons	—	1
7.—Gas Works	—	3
8.—Plumbers	—	2
Total	40	23

Part I of the Act.

1. Inspections for purposes of provisions as to health.

Premises	No. on Register	Number of		
		In- spections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	23	21	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ...	40	44	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	—	—	—	—
	63	65	—	—

2.—Cases in which Defects were found.

Particulars	No. of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1).....	1	1	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7) :—					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
Total	1	1	—	—	—

Part VIII. of the Act—OUTWORK.

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Sec. 110 (i) (c)	No. of cases of default in sending list to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Making Wearing Apparel	20	—	—	—	—	—
Total	20	—	—	—	—	—

SUMMARY OF SANITARY INSPECTOR'S INSPECTIONS

Housing ...	...	...	...	...	...	...	1458
Butcher's Shops	...	...	...	...	...	...	52
Bakehouses	...	...	...	...	...	...	26
Shops ...	...	...	...	...	...	...	49
Factories and Workshops	...	...	...	...	...	...	14
Water Supplies	...	...	...	...	...	...	56
Infectious Diseases ...	...	...	...	...	...	...	69
Verminous Premises	...	...	...	...	...	...	2
Defective Drainage	...	...	...	...	...	...	147
Defective Premises ...	...	...	...	...	...	...	365
Pests Destruction ...	...	...	...	...	...	...	101
							2339
							=====

Notices served—

Informal—Section 92, Public Health Act, 1936	...	63
Statutory "	"	Nil

TUBERCULOSIS

Age and Sex distribution of Cases and Deaths, 1951.

Table I.

Age Groups	New Cases				Deaths			
	Pulmonary		Other		Pulmonary		Other	
	M	F	M	F	M	F	M	F
0—	—	—	—	—	—	—	—	—
1—	—	—	—	1	—	—	—	1
5—	—	—	1	—	—	—	—	—
15—	—	—	2	—	—	—	—	—
20—	—	1	1	—	—	—	—	—
25—	1	1	—	—	—	—	—	—
35—	—	1	—	—	—	—	—	—
45—	3	—	—	—	—	—	—	—
55—	—	—	—	—	—	—	—	—
65 and over...	—	—	—	—	—	—	—	—
Age Unknown ...	—	—	—	—	—	—	—	—
Total ...	4	3	4	1	—	—	—	1

MONTHLY INCIDENCE OF NOTIFIABLE DISEASES
(Other than Tuberculosis)

Table II.

	January	February	March	April	May	June	July	August	September	October	November	December	Total
Scarlet Fever	—	—	5	4	5	5	4	—	1	4	1	1	30
Whooping Cough	3	3	6	4	—	3	9	—	17	28	5	—	78
Pneumonia	6	—	2	—	1	1	—	—	—	—	—	—	10
Measles	43	38	30	27	20	23	3	—	—	1	1	—	186
Food Poisoning	—	—	—	—	—	—	—	—	—	—	—	—	39
Dysentery	10	2	1	2	2	—	—	—	—	—	—	—	17
Poliomyelitis	—	—	—	—	—	—	2	—	1	—	1	—	4
Erysipelas	—	—	—	—	—	—	—	1	—	—	—	—	1
Totals	62	43	44	37	28	34	17	1	18	34	7	40	365

